Division of Corporations Electronic Filing Cover Sheet

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(((H220001059103)))



H220001059103ABCU

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500

Fax Number : (800)432-3622

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:_____

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13 SE CORPORATIONS

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FLORIDA LIMITED LIABILITY CO. CAMERON INLET DEVELOPMENT, LLC

Certificate of Status	0
Certified Copy	1
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HL

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COVER LETTER

	ew Filing Sec ivision of Co			
SUBJECT		inlet Development, LLC		
BOBOLCI		Name of Lin	nited Liability Company	
The enclos	ed Articles of	Organization and fee(s) are	e submitted for filing.	
Please retu	m all corresp	ondence concerning this ma	atter to the following;	
	Tina Mitche	em		
			Name of Person	
	Madison Ca	pital Group, LLC		
			Firm/Company	
	6805 Morris	son Blvd., Suite 250		
			Address	
	Charlotte, N	IC 28211		
			ity/State and Zip Code	
-		ncapgroup.com		
		E-mail address: (to be used	for future annual report notificati	ion)
For further is	nformation co	oncerning this matter, please	call:	
)	
	Nan	ne of Person Ai	rea Code Daytime Telephon	e Number
Enclosed is	e a check for t	the following amount:		
		_		
□\$125.00	Filing Fee	■\$130.00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
	Maili	ng Address	Street Address	
		iling Section	New Filing Section Di	
		on of Corporations	The Centre of Tallaha	
		Box 6327	2415 N. Monroe Stre	•
	Lallah	assec. FL 32314	Tallahassee, FL 3230	5

H220001059103

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:					
Cameron Inlet Develo		iability Comp	iny, "L.L.C.," or "LLC."			
ARTICLE II - Address: The mailing address and street ad	dress of the principal o	ffice of the Lin	ited Liability Company is	s:		
<u>Principa</u>	l Office Address:		Mailing A	\ddress:		
6805 Morrison Blvd., Charlotte, NC 28211	Suite 250		6805 Morrison Blvd., Su Charlotte, NC 28211	ite 250		
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an au The name and the Florida street a	cannot serve as its own ctive Florida registratio	Registered Agen.) agent are:	ent. You must designate a	SLURL IARY OF ST TALLAHASSEE, FLO or individual	2022 MAR 23 AM 1:	7 - 17
	515 E Park Ave.	Floor 2		DRIC	: 32	
	Florida street address	(P.O. Box <u>NC</u>	T acceptable)	-) ,	8	
	Tallahassee, FL 3	32301		_		
	City	State	Zip			
Having been named as registered a place designated in this certificate, further agree to comply with the pro am familiar with and accept the obl	l hereby accept the appo ovisions of all statutes re	ointment as reg clating to the pr	istered agent and agree to oper and complete perfort	act in this capacity. I mance of my duties, and		
	Toylor Se		Taylor Seay, Asst. of Capitol Corpora			
	Registe	ered Agent's Si	gnature (REQUIRED)			

(CONTINUED)

H220001059103

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
AMBR	Ryan Hanks 6805 Morrison Blvd., Suite 250	
	Charlotte, NC 28211	
		2022
		2022 MAR 23
	<u> </u>	~ 23
(Use attachment if necessary)	THE CO	A
effective date is listed, the date must be s	specific and cannot be more than five business days prior to gg 20 day	:: 22
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effective date is listed, the date must be stee of filing.) If the date inserted in this block does not becoment's effective date on the Department of the	specific and cannot be more than five business days prior to get 20 days at meet the applicable statutory filing requirements, this date will not be not of State's records. Dyan Hanks member or an authorized representative of a member. Cuted in accordance with section 605.0203 (1) (b), Florida Statutes. Ilse information submitted in a document to the Department of State	N